MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/564578**

FILING DATE

APPLICANT(S)

BEST AVAILABLE COPY

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6		2				
7		2				
8						
9						
10						
11						
12						
13		2				
14		2	c	c		
15						
16						
17						
18						
19						
20						
21						
22						
23	1					
24						
25						
26						
27						
28		2				
29		2				
30						
31						
32						
33						
34						
35		2				
36		2				
37						
38						
39						
40						
41						
42						
43						
44						
45	1					
46						
47						
48						
49						
50						
TOTAL IND.			7			
TOTAL DEP			77			
TOTAL CLAIMS		84				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66		2				
67		2				
68						
69						
70						
71						
72						
73		2				
74		2				
75						
76						
77						
78						
79						
80						
81						
82						
83	1					
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99	1					
100						
TOTAL IND.						
TOTAL DEP						
TOTAL CLAIMS						

72

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